



Medical Bureau of Road Safety

**REQUEST FOR ACCESS TO RECORDS UNDER THE  
FREEDOM OF INFORMATION ACT, 2014**

Please Use **BLOCK** Letters

**Details of Applicant**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Details**

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**\*Personal Information:** Before you are given access to personal information relating to yourself, you may be asked to provide proof of identity.

**Form of Access**

My Preferred form of access is:

*(please tick as appropriate)*

to receive copies of the records by post

other – please specify

\_\_\_\_\_

**Details of Request**

In accordance with Section 12 of the FOI Act 2014, I request access to records which are:

*(please tick as appropriate)*

Personal

Non-Personal

*In the space provided below, please describe the records as fully as you can. If you are requesting Personal Information, please state precisely, in whose name those records are held. You will not normally be given access to the personal information of another person unless you have obtained the written consent of that person*

**I request the following records:**

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Please sign here: \_\_\_\_\_

Date: \_\_\_\_\_

Please post your application to:

**Freedom of Information Officer,  
Medical Bureau of Road Safety,  
Health Sciences Centre,  
University College Dublin,  
Belfield, Dublin 4.**

<u>OFFICIAL USE ONLY</u>	
Date FOI request received:	_____
Identity Verified:	_____
Consent Confirmed:	_____